

CITY OF ARCHDALE

307 BALFOUR DRIVE P.O. BOX 14068 ARCHDALE, NORTH CAROLINA 27263

PHONE: (336) 431-9141

FAX: (336) 431-2130

WATER/SEWER SERVICE APPLICATION

Date Service Requested:		D		
Occupant's Name:				
Service Address (not PO Bo	ox):			
Mailing Address (if differen	nt):			
City:		State:		Zip Code:
Please Indicate:	 ::		_ Apartment _ Industrial	Retail Business
Home Phone Number:	()		_
Social Security Number:			_ =	
Driver's License Number:	(A)		State:	
Employer:				5
Work Phone Number:				_
Owner/Landlord: Address:				<u>*</u>
	-	State:		Zip Code:
Owner's Phone Number:				
The City of Archdale offers	automatic b	oank draft s	service to our w	ater/sewer customers.
Your bill can be automatica blank, voided check is need				t on the 10 th of each month. A application.
				box located at the front of the .00 deposit and lease agreement.
Welcome to Archdale.				
		Office U	Jse Only	. 2
W/O: Cut on D	ate:	194 15	C/O·	Trash/Recycle: